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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/632,947-Conf. #4975
Filing Date	July 31, 2003
First Named Inventor	Alastair Hodges
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	104978-172
Total Number of Pages in This Submission	

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	NUTTER MCCLENNEN & FISH LLP		
Signature			
Printed name	Kevin M. Cronin		
Date	March 28, 2005	Reg. No.	47,203

Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 28, 2005

Signature: (Kevin M. Cronin)



PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/632,947
	Filing Date	July 31, 2003
	First Named Inventor	Alastair Hodges
	Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	104978-172

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name **NUTTER MCCLENNEN & FISH LLP**
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Mayumi Maeda		
Signature			
Date	3/24/05	Telephone	(408) 956-4790

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.



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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Alastair Hodges et al.Application No./Patent No.: 10/632,947 Filed/Issue Date: July 31, 2003Entitled: Antioxidant SensorLifeScan, Inc., a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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- ☐ Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

3/24/05
Date408-956-4790
Telephone NumberMayumi Maeda
Typed or printed name[Signature]
SignatureAssistant Secretary
Title